

B Z DTDR DR HRC FL WTR A MSD GR FP RV ADD

OFFICE USE

Initial Application Date _____

Application Completed _____

C.C. By _____

D.E. By _____

Application # _____

P&Z Module# _____

CITY OF ASHEVILLE BUILDING & FIRE PERMIT APPLICATION

PLEASE PRINT CLEARLY AND USE BALL POINT PEN

RETURN APPLICATION WITH SITE PLAN TO THE PERMIT CENTER AT:

161 S. CHARLOTTE ST. ASHEVILLE, NC 28801

Event Location: _____ PIN# _____
(Area of Town) N S Central E W

Property Owner: _____ Address _____
City _____ State _____ Zip _____ Phone# _____

Contractor: _____ Address _____
City _____ State _____ Zip _____ Phone# _____
Fax# _____ Cell Phone# _____ City Privilege License# _____

Description of Event _____

Date & Duration of Event _____

Size of Tent(s), Stages and/or Other Structures _____

Permits Requested		Plans Submitted	Plans to be Submitted	Contractor	Cost of Work	Permit Fees
<input type="checkbox"/>	Building	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
				Total Project Cost	\$	\$
					Fire Fee	\$
					Zoning Fee	\$
					Weekend Inspection Fee	\$
<input type="checkbox"/>	City Co-Sponsored				Total Fee	\$

Signature

Address

City/State/Zip

Print Name

Phone#

Pager# or Cell#

Fax#

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

PLEASE NOTE REQUIRED SETBACKS (TO BE MEASURED IN THE FRONT FROM THE EXISTING RIGHT OF WAY AND ALL OTHERS TO BE MEASURED FROM PROPERTY LINES)

ZONING DISTRICT _____

REQUIRED SETBACKS: FRONT _____ RIGHT _____ LEFT _____ REAR _____

FLOOD PLAIN ☐ ZONE _____ OVERLAY ZONE _____ LOT SIZE _____ SQ FT/ACRE